

# Factors influencing sustainability of health service innovation: Emergency Nurse Practitioner service

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**Background:** Australia is facing escalating healthcare costs due to an increasingly aged population living with chronic co-morbidities which leads to more frequent and complex hospital admissions and increased use of health care services. Also contributing to costs are expensive new diagnostic, therapeutic and pharmaceutical options.

Health service innovations are being implemented at national, state and organisational level in an effort to provide cost effective high quality health care. Implementation is expensive and sustainability of innovation is highly valued in the current environment; but to date, sustainability of innovation has undergone scant examination. The most rapidly expanding health service innovation is emergency nurse practitioner (ENP) services<sup>1</sup> and this service was the test bed for this study.

**Study Aim:** The aim of this research was to explore factors that influence sustainability of health service innovation - Emergency Nurse Practitioner Services.

## Theoretical Framework:

The theoretical framework that informed this research was the *Sustainability of Innovation Framework*<sup>2</sup>. The framework consists of five (5) factors of influence: political, organisational, workforce, innovation-specific and financial factors.



Photo source: [www.nursingschoolhub.com](http://www.nursingschoolhub.com)

## Methods:

The methodological approach for this study was case study<sup>3</sup>. Three units of analysis were examined: (1) emergency department staff surveys, (2) emergency nurse practitioner (ENP) interviews and surveys and; (3) documents related to ENP service implementation and governance.

## Results:

There were a total of 508 participants across the four data collection sources. **Emergency department staff** were confident that ENP services were safe, effective and met patient needs, however felt excluded from decision making and were not informed of changes to services. **ENPs** reported marginal organisational support and that services were poorly understood and under-utilised. **Documents** highlighted that legislative boundaries and collaborative practices were stipulated but support for service reform was lacking.

	Political	Organisational	Workforce	Innovation-specific	Financial
Indicators met	Clear links between ENP services and government policy, goals and local plans	Services meet local needs	Staff perceive service is needed, safe and high quality	Services deliver safe, high quality patient care and patient satisfaction is evident	
Indicators not met	Lack of supportive local/ national champion  Staff were not involved in decision making	Poor dissemination of information  Limited networking opportunities	Lack of service staff  Poorly supported ongoing education	Service innovation not utilised to full potential	Insecure funding No budgetary planning No cost-effectiveness evaluation of service

## Discussion:

ENP services **did not entirely meet any of the factors of sustainability** according to the framework. Specifically, organisational processes and structures have not adequately supported service integration. **Regular cross disciplinary meetings** and **departmental goals setting** inclusive of all staff is recommended. **Review of ENP service** provision in light of full service scope understanding. Funding for ENP services is unpredictable and a **dedicated budget specific for ENP services** should be provided that is stable and ongoing. This will allow for workforce planning and increased numbers of staff within ENP services. **Networking across multiple emergency department sites** will improve professional collaboration, support, networking and professional development opportunities.

## References:

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